



Family Visitation Center of Alachua County
Referral Form

Date: _____

Type of Referral: Supervised Visitation _____
 Visitation Exchange _____

Custodial Parent: _____ DOB: _____ SSN: _____
 Relationship: _____ Sex: _____ Race: _____
 Address: _____ Home Phone : _____
 _____ Work Phone : _____
 _____ Cell Phone: _____
 Attorney: _____ Attorney Phone : _____

Non-Custodial Parent: _____ DOB: _____ SSN: _____
 Relationship: _____ Sex: _____ Race: _____
 Address: _____ Home Phone : _____
 _____ Work Phone : _____
 _____ Cell Phone: _____
 Attorney: _____ Attorney Phone : _____

Children:

Name	Race	Sex	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is the Department of Children and Families or the Partnership for Strong Families involved? _____

If so, name of Family Care Counselor: _____

Pertinent Information: (check all that apply and explain)

___ DOMESTIC VIOLENCE

- ___ Parent has history of domestic violence.
- ___ Parent is receiving evaluation/treatment for domestic violence.
- ___ There is a current injunction (copy must be provided).

Further Information: _____

___ SUBSTANCE ABUSE

- ___ Parent is receiving evaluation / treatment
- ___ Parent is likely to come to FVC under the influence
- ___ Parent is drug-screened Results: _____

Further information: _____

___ MENTAL ILLNESS

- ___ Parent is diagnosed with mental illness Diagnosis: _____
- ___ Parent is taking medication for mental illness Medications: _____
- ___ Parent is receiving evaluation / treatment

Further information: _____

___ CRIMINAL CHARGES

- ___ Parent has a history of criminal charges
- Further information: _____

___ SEXUAL ABUSE

- ___ Past Allegations ___ Convicted ___ Current Investigation
- ___ Parent receiving therapy ___ Child receiving therapy
- ___ Adult to child (describe):

___ Child on child (describe):

CHILDREN'S INFORMATION

Name

Health, Mental Health, Medications, Therapy, other pertinent information

_____	_____
_____	_____
_____	_____

Additional risk factors or security issues (i.e. threat of abduction, threat of violence toward professionals)_____

Person Completing Form:_____

Title:_____

Phone:_____

Fax:_____

**RETURN REFERRAL FORM, COURT ORDER, AND APPLICATION FEE TO THE
FAMILY VISITATION CENTER.**

(referral cannot be processed without the Court Order AND the application fee)

- Upon receipt of the completed referral, FVC staff will send each party a Parent History form and Visitor/Transporter form.
- When FVC staff receive the above-stated forms, an intake interview will be scheduled first with the residential parent/guardian and then with the visiting party.
- Visits are scheduled weekly, every other week, or monthly for one or two hours. Visits are scheduled on the same day and time each week.
- A fee of \$25.00 per visit hour, or \$10.00 per exchange, must be paid prior to each visit or exchange.
- All parties must follow the directives of FVC staff at all times. Failure to do could result in suspension of services.



Family Visitation Center of Alachua County

Parent History Form

The Purpose of the Parent History form is to assist staff in determining the needs of your family during visitation. This form must be completed and returned to the Family Visitation Center prior to your initial meeting with staff. It is important that you complete the form as completely as possible. Please do not leave any questions unanswered. Please type or print clearly. Return this form to the Family Visitation Center.

Person Completing Form: _____ Relationship to Child(ren): _____

Residential Parent/Guardian: _____ DOB: _____

Relationship to Child(ren): _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

_____ Cell Phone: _____

Attorney: _____ Attorney Phone: _____

Non-Residential Parent/Visiting Party: _____ DOB: _____

Relationship to Child(ren): _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

_____ Cell Phone: _____

Attorney: _____ Attorney Phone: _____

Children:	DOB	Sex	Race
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. Will you be using the Family Visitation Center for Supervised Visitation? _____ or Exchanges? _____

2. What is your understanding of why the Family Visitation Center is being used?

3. Is there shared parental responsibility? _____

Is there shared parental responsibility with limitations? _____

Is there sole parental responsibility? _____ If so, who has sole parental responsibility? _____

4. Briefly describe the history of your relationship with the other parent. How was your relationship when you were together? How long have you been divorced/separated/apart from the other parent? (If you are involved in visitation under order of the court but are not a parent, describe your relationship with the parent.)

5. Is there a history of violence between you and the other party? Please describe.

Was law enforcement involved? Yes _____ No _____

Is there a restraining order in place? Yes _____ No _____
Against Whom? _____

6. Have there been any threats by the other party of the following:

Violence towards you	Yes _____	No _____
Violence towards professional involved in the case	Yes _____	No _____
Violence towards the children/abuse of the children	Yes _____	No _____
Abduction of the children	Yes _____	No _____
Suicide	Yes _____	No _____

Please explain all yes answers

7. Do you and /or the other party have a history of drug or alcohol use? Explain.

8. Do you and/or the other party have a history of criminal activity? List arrests and convictions.

9. Do you and/or the other party have a history of mental health problems? Explain and list medications taken and treatment.

10. Are you or the other party participating, or have participated, in any of the following:

	You	Other Party
Family Therapy	_____	_____
Parenting Classes	_____	_____
Anger Management	_____	_____
Substance Abuse Counseling	_____	_____
Batterer's Intervention Classes	_____	_____
Individual Therapy	_____	_____
Support Group	_____	_____
Other:	_____	_____

11. Are you married? _____ Involved with someone? _____
Is the other party married? _____ Involved with someone? _____

12. Do you have concerns about the visits or exchanges that will occur at the Family Visitation Center?

Please attach an additional page if you have information that you think we should know.

Signature

Date

Mail to:
Family Vistation Center
1409 NW 36th Place
Gainesville, FL 32605

Fax to:
(352) 334-0883

You will be contacted to schedule an intake appointment as soon as all paperwork is received from both parties. The intake appointment is first held with the residential parent/guardian and then with the visiting party. Please be advised that there is a fee of \$25 per visit hour, to be paid by the visiting party (unless the Court orders otherwise).



Children's Home Society
Family Visitation Center of Alachua County
Participation Agreement for Supervised Visitation

Children _____

Family Member (s) _____ Relationship _____

The Family Visitation Center (FVC) is here to provide a warm, safe, home-like environment in which children may visit with their parents and other relatives, with the goal of nurturing and improving relationships. To ensure that visits are happy and healthy for all family members, the following policies have been developed. Families wishing to use the services of the Family Visitation Center must agree to abide by these policies.

I, _____, the _____ of the above referenced child(ren), understand that my participation at the Family Visitation Center is a privilege, not a right. I agree to follow the rules of the program including, but not limited to, those defined in the following participation agreement. Visitation Center staff strive to make every visit between children and their families a positive and safe experience. At times it may be necessary for FVC staff, in the exercise of their discretion, to take other actions or impose other restrictions, and I agree to comply with their decisions.

All visits at the Family Visitation Center depend upon compliance with the rules and regulations of the Family Visitation Center.

Arrival / Departure

- I will arrive and leave at the times dictated by FVC staff.
- I must arrive, and sign in, 15 minutes prior to the visit start time. Failure to do so may result in cancellation of my visit.
- I understand that, once I sign in to the Visitation Center, I am not permitted to leave the building at all during the visit. It is my responsibility to ensure that I have everything that I will need for the visit prior to signing in.
- I understand that no one is permitted to remain in the parking lot during my visit. If you receive two warnings about this, your visits could be suspended.
- If I arrive under the influence of alcohol or drugs, or if it is suspected that I am under the influence of alcohol or drugs, my visit will be cancelled. If I am asked to leave the premises I will do so quietly. I understand that I may be required to provide a negative drug screen prior to my next scheduled visit.
- I understand that I must wait quietly in a designated area prior to the visit.
- If there is an injunction/ restraining order/ no-contact order in place, I must wait in the visit room for 15 minutes after the departure of the children before leaving.
- I will be mindful of the time and have my child(ren) ready to leave at the end of the visit.
- A staff member will advise me when it is time to leave.
- All greetings and separations with my child(ren) must occur in a visit area assigned by the staff.

Visitors Allowed

- Only the persons named in the court order, or those who have been approved by the Family Care Counselor, _____ with _____ will be allowed to visit. Additional approved visitors may attend one visit within a 30-day period. You may not bring a different visitor each week, only one time a month. This visit time is for you and your child(ren).
- Approved visitors are expected to follow the guidelines as outlined in this agreement, and it is my responsibility to share these rules with him/her.

Scheduling

- All visits will occur on the same day and time weekly, bi-weekly, or monthly unless prior arrangements have been made with the FVC case manager. FVC staff will determine increased visitation time, not to exceed 2 hours twice per week. Visit requests of more than 2 hours sessions with the same parent and child will need supervisor approval prior to authorizing the visit.
- Cases with Domestic Violence Injunctions are required to remain inside the visitation room for a minimum of the first three (3) visits.
- If I have to cancel a visit, I will call the Visitation Center at least 24 hours before the scheduled visit.
- I understand that if I cancel four visits in any three-month period, I will receive a warning letter; I will need to meet with the supervisor before I can schedule my next visit. I may be removed from the visitation schedule if I do not schedule this meeting within 1 week of missing the 4th visit. It is my responsibility to contact my FVC case manager to renegotiate my visitation plan.
- I understand that if I am a no show for three consecutive visits or four visits in any three-month period, my visitation at the Center will be suspended until I meet with the supervisor to discuss my visit plan, and I may be removed from the visitation schedule. It is my responsibility to contact my FVC case manager to renegotiate my visitation plan.
- If I cancel a visit, and the children are already en-route, the visit will be considered a no show.
- If my visitation is suspended, I understand that my visit time slot may become open to other clients. If there is a waiting list for visits, I realize that I will be placed last on the waiting list, as it exists at the time that I contact my FVC case manager.

Prohibited Items

- No guns, knives, or other weapons are permitted at the Family Visitation Center.
- Toy weapons are also prohibited.
- No computers, I-Pods, DVD players, or video taping devices (Still cameras and digital cameras used for still photography are permitted but must be inspected by staff prior to each visit)
- No cell phones or pagers. A family may ask for their cell phone to take a picture and return it to staff until the visit is over.
- No Pets.
- All items brought into the center are subject to search.

Conduct

- Physical and/or verbal aggression (including profanity and threats) is prohibited.
- Corporal punishment is prohibited.
- I agree not to engage in the following behaviors:
 - Making derogatory remarks or expressing negative feelings, either verbally or with body language, about the foster family, the court, DCF, PSF, FVC, or other parent/relative
 - If an injunction / restraining order / no contact order is in place, all conversation about the other person is prohibited.
 - Talking about the child coming home or having unsupervised visits.
 - Questioning the child in a negative way about family member or PSF placement.
 - Ridiculing, shaming, demeaning, belittling the child(ren)
 - Whispering or writing notes
 - Discussing adult issues
 - Discussing all topics pertaining to the court case
 - Smoking or using other tobacco products
- In cases involving open investigations of sexual abuse, or if previous convictions exist, the following restrictions apply:
 - No lap-sitting
 - No initiating touch
 - No diaper changing
 - No accompanying child to the restroom
- Attempting to contact the other party while at the visitation center is prohibited.
- I am responsible for remaining with my child(ren) at all times and for managing their behavior while at the Visitation Center. I shall come prepared to meet the needs of my child(ren) while at the FVC (i.e. meals, snacks). Children should remain in the designated visitation area and should not be allowed to roam about the building.
- I will leave the visit room in the same condition as I found it. I agree to straighten the toys and clean the room at the end of every visit.
- Food and drinks are allowed only in the kitchen, patio or outside picnic table. If I cook or use any dishes, I will put the dishes in the dishwasher and clean my cooking/eating area prior to leaving the FVC.
- **Visits may be cancelled or suspended due to any inappropriate behavior.**

Gift-Giving

- A gift is defined as any item (including food) that the child(ren) takes with him/her after the visit.
- For the safety of children and other individuals present at the Family Visitation Center, all gifts must be unwrapped or in a gift bag to allow for staff inspection prior to the visit.
- Gifts may not be brought to every visit.
- The FVC case manager has the authority to prohibit the giving of a gift in any situation where it appears that the gift may be inappropriate, potentially harmful, or disturbing to the child.

Monitoring

- Visitation Center staff and volunteers will monitor all visitation sessions and exchanges. All activities at visits will be documented.
- At times, other authorized professionals may observe my visits.
- If court ordered, my visits will be videotaped and the videotape made available to PSF, attorneys, the guardian ad litem program, and/or the Court.
- Video recording is occurring at all times in the Family Visitation Center. Only court ordered recordings or safety violations will be saved. All other visits will be recorded over.

Fees

- The fee for visitation is \$25.00 per visit hour and will be paid by _____.
- I will pay this fee prior to the start of each scheduled visit.
- Failure to pay the fee will result in suspension of my next scheduled visit.
- A fee of \$20.00 will be assessed if I fail to show up for a visit. I must pay this fee, in addition to my regular visitation fee, prior to my next scheduled visit.

Visitation rules and procedures

- Clothing worn is not to be suggestive or indecent. Clothing that is considered lewd, suggestive, supportive of illegal substances, or culturally/sexually offensive is not permitted.
- Appropriate personal hygiene is required.
- Shoes will be worn outside and also in the bathroom and kitchen.
- Visitors are to obtain permission from FVC staff prior to going outside. At times it may not be possible to do so depending on the needs of all families and/or staff at the time.
- No tree climbing.
- Visitors cannot bring photographs into the Center, with the only exception being photographs taken at the FVC that may be shown to the child(ren) upon approval from FVC staff. Children may bring photos to share with their parents
- Diapers should be changed only on the changing table.
- Visiting children will use the bathroom without assistance from the visiting parent if able (approximately age 3+). For younger children and those needing assistance, the parent may accompany the child to the bathroom as long as the door remains slightly ajar to allow appropriate monitoring. In cases of alleged child sexual abuse, the parent may not accompany the child to the bathroom or change a diaper at any time. Staff will assist as needed.
- Activities may be brought in to the FVC as long as they foster appropriate interactions and are approved by FVC staff.
- The child may take notes and drawings that are completed exclusively by him/her home.
- Games moved from one room to another during a visit should be returned to their original place at the end of the visit.
- Visitors (children and adults) will not be permitted to visit when they have a contagious health condition (lice, ringworm, fever, pinkeye, etc.).
- Food and drink will be restricted to the kitchen, patio, and picnic table with the exception of sippy cups, bottles and water bottles. Food is not permitted in the play area due to risk of choking while playing.
- Outside toys stay outside, inside toys stay inside.
- Visitors will notify FVC case manager of any change in address and/or phone number.

Special Conditions To My Visitation:

(Initial)

_____ I have read this agreement, and it has been explained to me.

_____ I have received a copy of this agreement.

_____ I agree to comply with the terms of this agreement.

_____ I understand that violations of any of the above rules may result in suspension of my visits.

_____ I have been given the opportunity to review a visitation report form.

_____ I will follow the directives of the FVC staff at all times: failure to do so may result in losing my privilege to use the Family Visitation Center.

Signature

Date

FVC Case Manager

Date



Children's Home Society
Family Visitation Center of Alachua County
Residential Parent / Guardian Agreement

Children _____

Family Member (s) _____ Relationship _____

I understand that the relationship between my child(ren) and his/her parent is important. I agree to do my best to make the visits a positive experience for my child.

I agree to deliver my child(ren) to the Family Visitation Center at the specified time of arrival for scheduled visits and to pick the child(ren) up at the specified time after each visit.

I will leave the Family Visitation Center promptly after I have dropped off and picked up the child(ren). I understand that I cannot wait in the parking lot at any time during the visit.

I will notify the FVC of any change in transportation. I agree to inform the transporter of all FVC rules regarding drop-off and pick-up. The child(ren) will not be released to any unauthorized transporter.

I will not arrive under influence of alcohol or drugs. Smoking and the use of other tobacco products is prohibited on CHS premises.

I understand that there is to be no contact between myself and the visiting party while at the Family Visitation Center.

I agree not to send any verbal or written messages or any other material to the visiting parent by means of the child(ren) or through FVC staff.

I understand that clothing worn is not to be suggestive or indecent. Clothing that is considered lewd, suggestive, supportive of illegal substances, or culturally/sexually offensive is not permitted. Heelies are not permitted.

I will notify the Family Visitation Center within 24 hours of the scheduled visit if the child(ren) will not be coming. I will cooperate with FVC staff in rescheduling the visit.

I understand that there is a \$20 no-show fee that will be assessed and payable at the next scheduled visit.

I understand that if I do not bring the child(ren) to visits, the Court will be notified.

I will notify the Family Visitation Center of any change in my address or telephone number.

Signature

Date

FVC Case Manager

Date